

GRAMA REQUEST FOR RECORDS

Requestor: _____

Organization: _____

Mailing Address: _____

Daytime Telephone: _____

Date of Request: _____

Detailed Description of Record(s) Requested:

I request to inspect the record(s).

I request copies of the record(s).

I understand that unless waived, I will be responsible for copy costs at the rate of \$.30 per page and, if applicable, for costs incurred in providing the record in the requested format. I authorize costs of up to \$_____.

I understand that the Division will contact me if estimated costs are greater than the amount authorized herein and that it will not respond to my request for copies unless I have authorized adequate costs.

I am requesting expedited response. (Please attach documentation of your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other documentation that demonstrates that you are entitled to expedited response under Utah Code Ann. §63-2-204(3).)

Please mail your request to:

Records Officer
Office of the Property Rights Ombudsman
160 East 300 South
PO Box 146702
Salt Lake City, Utah 84111

EXPLANATORY COMMENTS:

SEE REVERSE

PLEASE COMPLETE UNLESS YOU REPRESENT A GOVERNMENT ENTITY:

I understand that there are criminal penalties for obtaining a government record by false pretenses. I hereby represent and certify under penalty of perjury that I am the requestor and that I: (check all that apply)

- am the subject of the record(s).
- am the person who provided the information in the record(s).
- am the parent or legal guardian of an unemancipated minor or a legally incapacitated individual who is the subject of the record(s).
- have a power of attorney from the subject of the record(s) (copy attached).
- have a notarized release from the subject of the record(s), or his legal representative, dated within 30 days from the date of this request (copy attached).
- am entitled to the record(s) pursuant to a judicial or administrative order (copy attached).

(Signature) Date: _____

(Please type or print title)

PLEASE COMPLETE IF YOU REPRESENT A GOVERNMENTAL ENTITY:

I understand that there are criminal penalties for obtaining a government record by false pretenses. I hereby certify that I am duly authorized to make this request on behalf of _____, a governmental entity who: (Check all that apply).

- is entitled by law to inspect the record. Cite law: _____.
- is required to inspect the record as a condition of participating in a state or federal program or for receiving state or federal funds. Cite law: _____.
- serves as a repository or archives for purposes of historical preservation, administrative maintenance, or destruction.
- enforces, litigates, or investigates civil, criminal, or administrative law, and the record is needed for that purpose.
- is authorized by state statute to conduct an audit and the record is needed for that purpose.
- is one that collects information for presentence, probationary or parole purposes.
- is requesting a record or record series which is necessary to the performance of the governmental entity's duties and functions.
- is requesting a record or record series which will be used for a purpose similar to the purpose for which the information in the record or record series was collected or obtained.
- is requesting a record or record series, the use of which will produce a public benefit that outweighs the individual privacy right that protects the record or record series.

(Signature) Date: _____

(Please type or print title)

NOTE: YOUR SIGNATURE IN EITHER SECTION ABOVE MUST BE NOTARIZED

STATE OF _____)

: ss.

COUNTY OF _____)

SUBSCRIBED to before me this _____ day of _____, _____.

NOTARY PUBLIC

(Seal)

Commission Expires: _____